

SEP 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan,Registration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. Missouri Methodist Hospital St. Ward)2. FULL NAME Margaret Long,(a) Residence, No. 2611 Sacramento

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWilliam A. Long,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.83829

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housekeeping,9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.At Home,10. Date deceased last worked at
this occupation (month and
year) July 1934,11. Total time (years)
spent in this
occupation 6612. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ross County, Ohio,

13. NAME

Henry Pepper,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ross County, Ohio,

15. MAIDEN NAME

Mary Veil16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ross County, Ohio,17. INFORMANT
(ADDRESS)Henry R. Long
1024 Charles St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE Aug. 2nd, 193419. UNDERTAKER
(ADDRESS)Heaton, Byale & Bowman
319 So. 10th. St. Kansas City

20. FILED

AUG 1 1934John R. Bender
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1st, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1934 to Aug 1st 1934I last saw him alive on July 31st, 1934. Death is saidto have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset July 2nd, 1934

Other contributory causes of importance:

Broken left femur (recent)mitral insufficiency six yearsName of operation none amputationWhat test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-26-34Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped on floor in her homeNature of injury Broken left femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Thompson, M. D.(Address) 825 Charles

